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\*\* CONTINUING DATA \*\*\*\*\* MF

\*\* FOREIGN APPLICATIONS \*\*\*\*\* MF

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 35	<b>INDEPENDENT CLAIMS</b> 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u><i>[Signature]</i></u> <b>MF</b> Examiner's Signature Initials				

## ADDRESS

32074

## TITLE

THERMAL INTERFACE ADHESIVE AND REWORK

<b>FILING FEE RECEIVED</b> 1212	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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